

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$11,136.00 for dates of service commencing on 01/02/02 and extending through 01/31/02. These dates of service are reflect on a new, updated Table of Disputed Services, faxed by the Requestor's representative and received on 01/15/02.
- b. The request was received on 08/12/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/05/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/06/02. The response from the insurance carrier was received in the Division on 09/17/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement.

2. Respondent: Letter dated 09/17/02

“Upon review, this carrier reimbursed the requester for dates of service 12/27/01 and 01/31/02 based on review of the records available at this time. These charges were initially denied because the requester did not submit the documentation required per TWCC Rule 133.1 (a)(3)(E)(1). Reimbursement of \$716.80 (14 hour at the non CARF accredited rate of \$51.20 = 716.80) plus interest will follow under separate cover. Regarding dates of service 01/02/02 through 01/31/02: This carrier initially denied this charge because the requester did not submit the documentation required per TWCC Rule 133.1 (a)(3)(E)(1). Upon reconsideration, this carrier denied the charges because preauthorization was not obtained as required per TWCC Rule 134.600.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 01/02/02 and extending through 01/31/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$11,136.00 for services rendered on the dates in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the dates in dispute.
5. Per the Requestor’s Table of Disputed Services, the remaining amount in dispute is \$11,136.00 for services rendered on the dates in dispute.
6. The Requestor did not bill using modifier “AP”, indicating they are not CARF accredited.
7. The Carrier’s EOB deny reimbursement as “N JF – DOCUMENTATION SUBMITTED DOES NOT SUBSTANTIATE THE SERVICE BILLED.”
8. Carrier’s re-audit, dated 07/26/02 states, “Preauthorization was not obtained as required by TWCC Rule 134.600.”
9. The Requestor has submitted the Carrier’s EOB, dated 09/23/02, issuing payment for dates of service, 12/27/01, 12/28/01 and 12/31/01. These dates had previously been audited on 06/07/02 and denied as “N JF – DOCUMENTATION SUBMITTED DOES NOT SUBSTANTIATE THE SERVICE BILLED.”
10. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/02/02	97545 WH	\$128.00	\$0.00	N, A	\$51.20/hr Non CARF	TWCC Advisory 2001-14; TWCC Rule 134.600 (h)(9); TWCC Rule 133.304 (c ); MFG MGR (II)(C); CPT Descriptor	The Requestor has submitted a Carrier EOB indicating the Carrier had reimburse the Requestor at the non-CARF amount for dates of service 12/27/01, 12/28/01 and 12/31/01. TWCC Rule 133.304 states “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” The Carrier’s response does not address or support their denial for this CPT Code billed on the remaining dates of service. The Carrier’s EOB for previous dates of service 12/27/01, 12/28/01 and 12/31/01 indicate payment was issued after the 06/07/02 denial of “N JF – DOCUMENTATION SUBMITTED DOES NOT SUBSTANTIATE THE SERVICE BILLED.” The Requestor’s documentation is essentially the same from date to date. Therefore it is unclear why the Carrier paid these previous dates but denied other dates. Additionally, the Carrier’s denial does not “... provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s)” for the dates of service commencing on 01/02/02 and extending through 01/31/02. Preauthorization was not required per TWCC Advisory 2001-14. The provider is not a CARF accredited facility and billed charges will be reduced 20% according to MFG MGR rule referenced. Therefore, reimbursement is recommended in the amount of <b>\$8,908.80.</b> (\$51.20 x 174 units)
01/02/02	97546 WH	\$256.00	\$0.00				
01/03/02	97545 WH	\$128.00	\$0.00				
01/03/02	97546 WH	\$384.00	\$0.00				
01/04/02	97545 WH	\$128.00	\$0.00				
01/04/02	97546 WH	\$384.00	\$0.00				
01/07/02	97545 WH	\$128.00	\$0.00				
01/07/02	97546 WH	\$384.00	\$0.00				
01/08/02	97545 WH	\$128.00	\$0.00				
01/08/02	97546 WH	\$384.00	\$0.00				
01/09/02	97545 WH	\$128.00	\$0.00				
01/09/02	97546 WH	\$384.00	\$0.00				
01/10/02	97545 WH	\$128.00	\$0.00				
01/10/02	97546 WH	\$384.00	\$0.00				
01/11/02	97545 WH	\$128.00	\$0.00				
01/11/02	97546 WH	\$384.00	\$0.00				
01/14/02	97545 WH	\$128.00	\$0.00				
01/14/02	97546 WH	\$384.00	\$0.00				
01/15/02	97545 WH	\$128.00	\$0.00				
01/15/02	97546 WH	\$384.00	\$0.00				
01/16/02	97545 WH	\$128.00	\$0.00				
01/16/02	97546 WH	\$384.00	\$0.00				
01/17/02	97545 WH	\$128.00	\$0.00				
01/17/02	97546 WH	\$384.00	\$0.00				
01/18/02	97545 WH	\$128.00	\$0.00				
01/18/02	97546 WH	\$384.00	\$0.00				
01/21/02	97545 WH	\$128.00	\$0.00				
01/21/02	97546 WH	\$384.00	\$0.00				
01/22/02	97545 WH	\$128.00	\$0.00				
01/22/02	97546 WH	\$384.00	\$0.00				
01/23/02	97545 WH	\$128.00	\$0.00				
01/23/02	97546 WH	\$384.00	\$0.00				
01/24/02	97545 WH	\$128.00	\$0.00				
01/24/02	97546 WH	\$384.00	\$0.00				
01/25/02	97545 WH	\$128.00	\$0.00				
01/25/02	97546 WH	\$384.00	\$0.00				
01/28/02	97545 WH	\$128.00	\$0.00				
01/28/02	97546 WH	\$384.00	\$0.00				
01/29/02	97545 WH	\$128.00	\$0.00				
01/29/02	97546 WH	\$384.00	\$0.00				
01/30/02	97545 WH	\$128.00	\$0.00				
01/30/02	97546 WH	\$384.00	\$0.00				
01/31/02	97545 WH	\$128.00	\$0.00				
01/31/02	97546 WH	\$384.00	\$0.00				
Totals		\$11136.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$8,908.80.</b>

MDR: M4-02-4858-01

The above Findings and Decision are hereby issued this 17th day of January 2003.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt

#### **V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$8,908.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of January 2003.

Carolyn Ollar  
Supervisor - Medical Dispute Resolution Officer  
Medical Review Division

CO/dt